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| **Scottsville Transit ADA Complaint Form** |
| **Section 1** |
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| Name: |
| Address: |
| Telephone (Home/Cell): |
| Telephone: |
| E-mail: |
| Do you require an accessible format? ☐ Large Print ☐ TTY/TDD ☐ Audio Tape ☐ Other |
|  |
| **Section 11** |
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| Are you filing an ADA complaint on your own behalf? ☐ Yes ☐ No |
| If you answered "yes" go to Section III. If not, please supply the name and relationship of the person for whom you are filing.  Name: |
| Relationship: |
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| **Section III** |
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| If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination. |
| Date of alleged discrimination: |
| Time of alleged discrimination: |
| Transit Route: |
| Vehicle # or name: |
| Location: |
| Name(s) of Employee(s) Involved: |
| Explain as clearly as possible what happened and why you believe you were discriminated against. |
| **Section IV** |
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| Have you ever filed an ADA complaint with Scottsville Transit? □ Yes □ No |
| Contact Name: |
| Telephone Number: |
|  |
| **Section V** |
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| Have you filed this ADA complaint with any other federal, state, or local agency, or with any other federal or state court? |
| If yes, please check all that apply: |
| □ Federal Agency: |
| □ State Agency: |
| □ Local Agency: |
| □ Federal Court: |
| □ State Court: |
| □ Local Court: |
| Please Provide contact information for the person you spoke to at the above agency:  Name: |
| Title: |
| Agency: |
| Address: |
| Telephone: |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |